

Wisconsin Medicaid  
HealthCheck Outreach Case  
Management-Only  
Certification Packet

Wisconsin Department of  
Health and Family Services

# Wisconsin Medicaid Checklist for Certification

The items listed below are included in your certification application. **Please note:** To qualify for this packet, you must currently be certified as a HealthCheck Screener. Please use this form to check that you received the materials and verify which materials you returned. Please copy all documents for your records before sending them to the fiscal agent. Keep this checklist for your records. Mail your completed application to:

Provider Maintenance  
6406 Bridge Road  
Madison, WI 53784-0006

## The required items must be completed and returned to EDS:

	Item	Required	Optional	Date Sent
1.	HealthCheck Outreach Case Management Plans (Case Managers)	X		
2.	Provider Agreement — Outreach (2 copies)	X		

## These items are included for your information. Do not return them:

	Item
1.	Outreach and Case Management Policies



Jim Doyle  
Governor

Helene Nelson  
Secretary

## State of Wisconsin

### Department of Health and Family Services

**DIVISION OF HEALTH CARE FINANCING**  
WISCONSIN MEDICAID AND BADGERCARE  
PROVIDER SERVICES  
6406 BRIDGE ROAD  
MADISON WI 53784

Telephone: 800-947-9627  
608-221-9883  
dhfs.wisconsin.gov/medicaid  
dhfs.wisconsin.gov/badgercare

## OUTREACH AND CASE MANAGEMENT POLICIES

Only agencies which are certified under Wis. Adm. Code HFS 105.37 to provide HealthCheck screening services are qualified to provide Outreach and Case Management services in conjunction with their Department approved Case Management Plan and HealthCheck Outreach and Case Management Supplement to Part D.

The agency's Case Management plan shall describe the service area, basic local community resources and other health related services, Case Management and Outreach activities, and methods of documenting Case Management services to recipients identified and targeted as "in-need" of HealthCheck screening services,

Outreach is the prompt seeking out of all targeted, at-risk, Medicaid eligible recipients under age 21 years, and their families. Its purpose is to inform them about the benefits and availability of HealthCheck prevention services, how to obtain those services, and the availability of transportation and scheduling assistance.

Case Management services include proactive linking of non-users of health care with HealthCheck screening; comprehensive health and social service needs assessment; assistance with referrals to all appropriate resources beyond the clinical screening process; education for the proper utilization of health and Medicaid services; removal of barriers to services and resources (both HealthCheck primary care and non-Medicaid related); and linkage of the recipient to a primary care physician and dentist for all future health care.

The Division of Health Care Financing will periodically provide a targeted list of HealthCheck eligible children for the agency's service area. The list includes the name, MA ID number, beginning date of eligibility, complete address and telephone number. The confidentiality of the targeted list must be strictly safeguarded, as required by federal regulations (45 CFR 205.50). The list will be updated periodically, but should not be considered proof of eligibility. Only the Medicaid Card is used for the purpose of verifying recipient eligibility for Medicaid benefits. All MA eligible recipients on this list must be questioned to determine if they are in need of a screening based on the periodicity schedule.

Outreach and Case Management agencies utilize their local resources, initiative, and skills to market and promote services in their communities. These efforts should focus on outcomes and continuation of preventive services during the child's stages of growth and development that will improve the health status of the child. Case Management efforts should strive to ensure that children receive the necessary diagnosis and treatment services for conditions detected during health examinations. Case Management must also attempt to link recipients to a primary care physician and dentist for future on-going care. Agencies are encouraged to case manage the entire family, not merely individuals.

**Wisconsin Medicaid Program**  
**HealthCheck Outreach Case Management Plan**  
**For \_\_\_\_\_ County**

“The Wisconsin Medicaid program requires information to enable the Medicaid program to certify providers and to authorize pay for medical services provided to eligible recipients.

Personally identifiable information about Medicaid providers is used for purpose directly related to the Medicaid program administration such as determining the certification of providers or processing provider claims for reimbursement. Failure to supply the information requested by the form may result in denial of Medicaid payment for those services.”

Name of Agency	Agency Director
Address	Signature
City	Date
State	
Zip Code	
HealthCheck (EPSDT) Provider Number (If assigned)	Phone Number

**I. Background Data**

- A. Geographical Area to be Served (List by County, Municipality or Similar Designation, include ZIP codes, if known):


- B. Target Population

Describe the population group(s) upon which outreach activities will be focused. Specify characteristics used to identify the group(s) as appropriate, including:

1. Age, and/or Household Status.
2. Linguistic Affiliation/(non-English speaking barriers).
3. Physical and/or Emotional Handicap(s).
4. Barriers to Medical Care Access such as physician distance, lack of provider access, non-use of care.


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C. Similar Agency Responsibilities

List other programs operated by your agency which serve similar group(s). Briefly describe your agency's scope and duration of participation in kindred material child health, preventative medical initiatives, education, or social services.

Name/Description of Activity

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D. Coordination

Briefly describe methods, procedures, and arrangements which shall be used to coordinate and integrate HealthCheck case management activities with:

1. HealthCheck screenings with outside providers.
2. Inhouse preventive/child health activities.
3. Other outreach/case management agencies in your geographic area.

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E. Referral Sources

The following are considered basic referral sources for outreach case management in your community. Please identify the name, address, and phone number of the following resources. If more exist, please indicate – attach an extra page if necessary. (Case management agencies are expected to make referrals.)

Women, Infants and Children Program (WIC):

Material and Children Programs (MCH):

Head Start:

Family Planning:

Teen (or school-based clinics):

Medicaid certified physicians (indicate number used for referral only):

Medicaid certified dentists (indicate number used for referral only):

Employment Programs (JTPA, WEOP, etc.):

County Protective Service Agency:

Domestic Abuse Agency:

Mental Health and Alcohol/Drug Abuse Agency:

Translator and Interpreter Services:

Developmentally Disabled Child Service Programs:

Vocational Rehabilitation Program:

Low Income Day Care Programs (not Head Start):

## II. Case Management Activities

### A. Case Management to Screening

Describe methods and techniques which shall be utilized for recipient access and HealthCheck participation. If different techniques and methods are to be used with different groups, identify methods for each group.

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### B. Case Management Referrals

Describe methods and techniques which shall be used to assure recipients access and follow up to all referral sources.

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### C. Scheduling

Describe methods, techniques, contacts and tactics which will be used to offer and provide, when requested, assistance with scheduling appointments and transportation for all HealthCheck related services (screening, diagnosis, treatment, dental, other services, e.g., mental health, etc.) and language problems of the hearing impaired and those with limited English speaking abilities.

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D. Documentation

Describe how case management will be documented, including identification of all targeted “in-need” recipients, and where these records will be maintained.

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E. Freedom of Choice

How do you assure recipients have freedom of choice to select a screening provider?

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F. General Outcomes

What will this plan accomplish (results). How many eligibles do you estimate to outreach case manage? What percentage of those provided outreach case management do you estimate will receive screening services from your agency?

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G. What are your procedures for ensuring that your HealthCheck services do not duplicate any care by other local health care or case management providers (e.g., physicians, WIC, etc.).

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H. What provision does your agency have to ensure that no conflict of interest by provider staff or board members occurs?

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I. What are your procedures for educating recipients about the health care system, how to responsibly use Medicaid services, and utilize various local community resources (e.g., WIC, Head Start, employment, day care, etc.).

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J. How do you keep other local health and social service providers aware of your HealthCheck services? How does your agency remain knowledgeable of local community resources for Medicaid recipients?

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Jim Doyle  
Governor

Helene Nelson  
Secretary



**State of Wisconsin**

Department of Health and Family Services

**WISCONSIN MEDICAID PROGRAM AGREEMENT**

State of Wisconsin

Department of Health and Family Services

HealthCheck Outreach and Case Management Services

**DIVISION OF HEALTH CARE FINANCING**  
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608-221-9883  
dhfs.wisconsin.gov/medicaid  
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The State of Wisconsin, Department of Health and Family Services, hereby enters into agreement with

(Agency Name) \_\_\_\_\_,

a HealthCheck (also known as the Early Periodic Screening, Diagnosis and Treatment [EPSDT] program) screening agency to provide HealthCheck Outreach and Case Management services under Wisconsin's Medicaid Program, subject to the following services under Wisconsin's Medicaid Program, subject to the following terms and conditions:

1. The agency shall provide HealthCheck Outreach and Case Management services in accordance with the HealthCheck Case Management Plan submitted to, and approved by, the Department.
2. The Agency shall comply with all federal laws related to Title XIX of the Social Security Act and State law pertinent to Wisconsin's Medicaid Program, the Civil Rights Act of 1964, the Age Discrimination Act of 1975, and Section 504 of the Rehabilitation Act of 1973, and as may be amended.
3. The agency shall assure that no conflicts of interest occur. Neither agency personnel nor the Board of Directors shall receive any benefit due to their actions or decisions on internal agency operations. The agency Board of Directors shall adopt policies which prevent members with potential conflicts of interest from participating in board decisions which may result in a benefit to them.
4. The agency shall assure that no duplication of health care occurs when Case Management activities link recipients to HealthCheck services within the limits of the periodicity schedule. If recipients have received a hematocrit (blood test) via eligibility screening for the Women, Infants and Children Supplemental Nutrition Program (WIC) within the limits of the child's next scheduled HealthCheck exam, Case Management providers shall not duplicate the test. If the recipient has received HealthCheck screening services within the limits of the next scheduled HealthCheck exam, the agency shall not arrange for a screening of the recipient.
5. The agency shall forward copies of HealthCheck screening results when the recipient identifies a Primary care physician. The agency must obtain a release of recipient

information, by the recipient's signed approval, for purposes of forwarding patient information.

6. The Department shall reimburse the agency for Outreach and Case Management services provided under the program in accordance with the Terms of Reimbursement, as are now in effect or as may later be amended.
7. The agency shall follow all HealthCheck Outreach Case Management policies and procedures in the Outreach and Case Management Supplement to Part D (effective January 1, 1988) and as amended.
8. The agency shall attend HealthCheck, Outreach and Case Management workshops as scheduled and notified by the Department.
9. Record and documentation requirements for services rendered shall be met as specified in Wisconsin Administrative Code 105.02 and 103.37(2).

\_\_\_\_\_  
Name of Agency

\_\_\_\_\_  
Address

\_\_\_\_\_  
Telephone Number

By: \_\_\_\_\_  
Signature

\_\_\_\_\_  
Name

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date

(For Department Use Only)

STATE OF WISCONSIN DEPARTMENT  
OF HEALTH AND FAMILY SERVICES

**BY:** \_\_\_\_\_

**DATE:** \_\_\_\_\_

THIS AGREEMENT IS NOT TRANSFERABLE OR ASSIGNABLE

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**State of Wisconsin**

Department of Health and Family Services

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State of Wisconsin

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HealthCheck Outreach and Case Management Services

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\_\_\_\_\_  
Name of Agency

\_\_\_\_\_  
Address

\_\_\_\_\_  
Telephone Number

By: \_\_\_\_\_  
Signature

\_\_\_\_\_  
Name

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date

(For Department Use Only)

STATE OF WISCONSIN DEPARTMENT  
OF HEALTH AND FAMILY SERVICES

**BY:** \_\_\_\_\_

**DATE:** \_\_\_\_\_

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